Approved for use through 1/11/2004 ONB 061-0032 PTOYSBOOK 204) U.S. Perent and Trademert Office: U.S. DEPARTMENT OF COME HOE

Under the Paperson Reduction Act of 1995, no periods are required to respond to a collection of historical substance and a substance of the collection of historical substance and substance and substance of the collection of historical substance of the collection of the collection of historical substance of the collection of historical substance of the collection of the Application or Docket Humber Supplifule for Form PTO-878 . Effective December 8. 2004 APPLICATION AS FILED - PARTI. OTHER THAN (Column 1) SMALL ENTITY (Coimon 2) OR SMALL ENTITY HUMBER FLED HUMBER EXTRA BASIOFE BATE (\$1 FEENI **N/A** 137 CFA I IGH IN W WILL FEUS) N/A NVA 150.00 BEARCHFEE NIA 300.KD (37-OFR 1 16(4), H. or (41) NA . NIA NA \$250 EXAMINATION FEE . HIA \$600 : NA (37 CFR 1 16(q), to), or 107 NA HIL \$100 TOTAL GLAIMS DI GER 1 16(0) \$200 minut 20 . X\$ 25 INDEPENDENT QUAIMS X\$50 **OR** (27 CFR 1 16(N) X100 C man X200 Of became annimarb on a not soliced and the APPLICATION SIZE sheels of paper, the application size fee due to \$250 (\$120 for small entity) for each additional 50 sheets or fraction thereof. See THE CER I I SHUT 35 U.S.O. 41(a)(1)(Q) and 37 CFR 1:16(a) MULTIPLE DEPENDENT CLAIM PRESENT OT CFR I KUI 4180= 4960-* If the difference in column 1 is less than 2010, ander "O" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II Columa () (Column 2) OTHER THAN (Column 3): OR SMALL ENTITY CLXIMS REMAINING HIGHEST NUMBER PRESENT AFTER AMEHOMENT RATE (1) ADOI-PREVIOUSLY RATE(\$) ADO: TIONAL PAID FOR or cre cres FEE (1) Minus 3 Ø <u>feen</u> X\$ 25 profesion X\$50 OR Œ X100 X200 Application Size Fee (37 CFR 1.16(s)) OΩ FRST PRESENTATION OF MLATIPLE DEPENDENT CLAUM (17 CFR 1.140) +180= +360a OR TOTAL TOTAL ADO'L FEE Oft ADO'L FEE (Column 3) CLAIMS REMARKING HOHEST NUMBER PRESENT RATE (1) ADDI-TIONAL AFTER. PREVIOUSLY RATE (\$) EXTRA MENDMENT PAID FOR TIONAL COLLIN Micros FEE (t) d X\$ 25 tropinsen. X\$50 OR Minus X100 X200. Application size F40 (87 CFR 1.160) OR FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (AT CFR 1.160) +180a 4360£ TOTAL If the entry in polumn 1 is best than the entry in column 2, write "O' in column 3.

If the entry in polumn 1 is best than the entry in column 2, write "O' in column 3.

If the Highest Number Previously Paid For the THE SPACE is less than 2, enter "O'.

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If you need assistance in completing the form, call 1.800: PTO-9199 and asked option 2.